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ABSTRACT

This study investigated the procedures used by psychologists in a large midwestern urban area for the initial diagnosis and placement of elementary children with severe emotional disturbance (SED) in educational programs in light of the widespread criticism of the use of projective tests due to the questionable reliability of the tests and dependency on psychologists' clinical judgment. A total of 94 school psychologists completed a survey regarding instrumentation of choice in the assessment of children with emotional/behavioral disorders. The files of 122 children, aged 6 through 12, who were initially placed in SED classes during 1991-92 were reviewed to ascertain the procedures listed for assessment of social-emotional functioning. While results of the survey showed a growing interest in use of behavioral rating scales, the actual files indicated a continued dependence on projective procedures. (Contains 11 references.) (DB)

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# Assessment Practices of School Psychologists when Identifying Children for SED Classes

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Abstract

The current study investigated the procedures used by psychologists in a large midwestern urban area for the initial diagnosis and placement of elementary aged children in SED classes. A total of 94 school psychologists completed a survey regarding instrumentation of choice in the assessment of ED/BD children and the files of 122 children aged 6 through 12 who were initially placed in SED classes during 1991-92 were reviewed to ascertain the procedures listed for assessment of social-emotional functioning. While results of the survey show a growing interest in rating scales, the actual files indicate a continued dependence on projective procedures.

Assessment Practices of School Psychologists when Identifying Children for SED Programs

Diagnosis and identification of emotional disturbance is an area of great challenge and concern for the field of psychology, particularly when dealing with young children. This diagnostic problem is even more critical for school psychologists who must make clear and unequivocal decisions about the placement of children in educational programs for emotionally disturbed children. The fact that state and federal criteria for making that decision are unclear is enormously complicated by the fact that the field has not arrived at any consensus regarding diagnostic tools for making that decision (Forness & Kavale, 1989). The choice of diagnostic tools for assessment of emotional disturbance has been the subject of research and discussion in the field for the last ten years (Kavale, Forness, & Alper, 1986, McGinnis, Kiraly, & Smith, 1984, Goh, Teslow, & Fuller, 1981.)

The controversy in the educational field regarding the diagnostic instruments to be used in the assessment of Serious Emotional Disturbance (SED), grows in part from the wide spread criticism of the projective tests which have been a major diagnostic tool of the field. Use of projective tests, with their questionable reliability and dependency on clinical judgment appears

to be in direct conflict with the demand for procedures which are legally defensible in due process hearings. In addition, there are difficulties quantifying projective data, problems in training clinicians in the use of projective data, and problems in using the results in an educational as opposed to a clinical setting.

The utilization of behavioral measures to identify SED children has been hailed as a promising endeavor in the direction of improved reliability and definition. Behavior rating scales, based on factor analysis of behavioral descriptors, typically relate frequency of occurrence in the subject to frequency of the behavior in a standardization sample which purports to be representative of the normal population. Goh and Fuller (1983) summarized the merits of behavior rating scales by citing their convenience, freedom from interpretation and sensitivity to intervention, and predicted that these scales would increase in use as psychologists became more familiar with them.

There has certainly been growth in the development and use of rating scales in the last ten years (Hutten, Dubes, & Muir, 1992). However, projective measures including drawings, continue to be among the most frequently used tests. Galvin and Elliott (1985) found that the Draw-a-Person, Bender, VMI, and Sentence completion, along with intelligence tests, were the

top five procedures cited for initial evaluation of ED children. While rating scales provide apparently objective and external data, psychologists themselves continue to place more importance on information gained from the children themselves than on any other data collected (Clarizio & Higgens, 1989). Clarizio and Higgins reported that rating scales were identified by psychologists 21% to 34% of the time as instruments of choice while the frequency of use of projective tests ranged from 55% to 57%. Grosenick, George and George (1987) reported that while 95% of the districts in their study used direct observation and behavior checklists or rating scales to help determine eligibility for SED, 65% of the district reported using projective tests on a routine basis.

In summary, while there is a growing concern regarding the reliability and validity of instruments used in placement decisions in the area of emotional disturbance, there is little clear indication in the literature that field psychologists are moving toward a well accepted diagnostic protocol similar to that developed in the areas of learning disabilities and cognitive disabilities. The current research investigated the assessment practices of one group of school psychologists in a midwestern urban area, regarding placement of elementary aged children in SED programs.

## METHOD

In Fall, 1992 all school psychologists working in an urban school district in the midwest were asked to complete a survey, indicating their current procedures used for the diagnosis and identification of Seriously Emotionally Disturbed children. Secondly, the files of all elementary aged children initially placed in SED programs in that same urban district during the 1991-92 school year were inspected to determine which personality or behavior assessment procedures were listed in the tests administered section of the report.

To determine the diagnostic procedures used by this group of 106 psychologists, they were asked to complete the survey during an orientation meeting during the first week of school. Demographic data collected included years of experience as a school psychologist, grade placment of children served, and training orientation. The survey listed the diagnostic instruments generally available to the psychologists with additional space provided to list other procedures. Only measures of personality or social/emotional functioning were listed since prior research has repeatedly confirmed the use of intellectual and academic measures in SED assessment practices. 89% of the psychologists present completed the survey. Because the current study focussed on the assessment practices with elementary school children, only the responses

of psychologists with at least one year of experience, who indicated that they worked in an elementary setting were included in the analysis. The completed surveys were analyzed to determine percentages of psychologists who reported using each procedure listed. Thirty-three percent of the school psychologists described their orientation as cognitive-behavioral or behavioral, 11% as psychodynamic, 24% as eclectic, and the remainder listed humanism, developmental, phenomonological, social learning or left the space blank. A total of 76 surveys or 81% of the total surveys, were included in this report. Table 1 provides a brief demographic overview of the psychologists.

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Insert Table 1 about here

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In the second phase of the study, the diagnostic records of children placed in SED programs during the 1991-92 school year were reviewed to determine which procedures were listed on the data sheets of the psychological reports. District records indicated that approximately 200 children at the elementary school level were tested and recommended for initial placement in programs for emotionally disturbed children. Because this part of the current study concentrated on assessment practices used by psychologists making an initial

determination of an emotional disability, children were excluded from the study if they had been previously enrolled in any SED program, or were entering the system from a residential treatment center, or if the child was enrolled in classes for cognitively disabled children. The records were inspected to determine what procedures the psychologist listed in the personality section of the report. Cases in which the psychologist did not complete the data sheet were excluded, leaving a total of 122 records analyzed. Table 2 provides an overview of the demographics of the children whose records were analyzed for assessment procedures as compared with children in the system and in the SED program.

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Insert Table 2 about here

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## RESULTS

In viewing the results of this study, it is important to note that both the surveyed psychologists and the children tested were in the same school district. The 76 psychologists whose survey data were analyzed represent the pool of school psychologists responsible for the assessment of children enrolled in

elementary schools, but there is no way of directly comparing the data from the two phases of this study, because the surveys were completed anonymously. Each psychologist is represented as an N of 1 in the survey data, but it is probable that some psychologists tested a number of the children whose files were analyzed while other psychologists did not test any of the children in the study.

The survey results were analyzed to determine whether years of experience had any impact on the choice of instruments. In addition, to determine whether the psychologists in this system had assessment procedures which were similar to other groups, surveys were obtained from 32 psychologists working in the suburbs surrounding the area. Inspection of the suburban and urban group suggested that they were relatively similar in terms of years of experience.

The data suggested that the patterns of response to the survey on assessment of SED children in the suburban group are similar to those in the urban group. Choice of instrument varied but in both groups there was a strong tendency to report continued use of projective instruments. The sentence completion was the tool most often checked in both groups, and thematic tests, including the CAT, TAT, and RAT show high usage in both groups. Both

groups indicated that they were using rating scales along with projectives, although the choice of instrument varied. In general, a comparison of the two groups suggested that the urban psychologists' choice of procedures are not significantly different than psychologists in the surrounding area.

An inspection of the effect of years of experience in the urban group suggested that psychologists who are closer to their training experience tend to use instruments developed in the last ten years including, the Achenbach, Conners, and Roberts. The pattern is not overwhelming however, and psychologists five years or less from their training program continue to rely on thematic tests, drawings, and sentence completion tests, while at least a quarter of psychologists with more than 11 years of experience reported using the rating scales and observation techniques.

Twenty-two percent of the 76 psychologists used in the final survey analysis did not list any norm-referenced, standardized instruments on their survey. Two of those reporting no standardized instruments indicated 5 or fewer years of experience but the remainder of that group listed 12 or more years of experience, suggesting again that years of experience has some effect on choice of instruments. Of those indicating no use of standardized instruments, most listed their orientation as psychodynamic, developmental, or

a similar theoretical background which supports the use of projective tests. No psychologist checked less than three interview procedures or projective tests, including those indicating a behaviorist, social learning, or cognitive behavioral perspective. This suggests that all psychologists, including those with a behaviorist training find the projective tests useful in assessment of SED, while rating scales are ignored primarily by psychologists trained before 1980 and with a more clinical perspective. The majority of psychologists listed a total of eight to ten instruments as current tests.

For the second phase of the study, the files of 122 children who had been tested and given an initial placement in programs for SED children were inspected to determine the tests listed by the psychologist in an actual decision making situation. The M-team files were reviewed and the tests listed by the psychologist under the emotional/behavioral data were tallied for each child. Table 3 shows the frequencies of the assessment procedures as they were listed in the files of the 122 children placed in SED classes, along with frequencies reported in the surveys of those psychologists responsible for assessment in elementary schools.

Insert Table 3 about here

The analysis of the data shows some discrepancy between the survey data and the information actually listed in the children's files. Drawing tests, and sentence completion, along with interview of the child were listed in the vast majority of the files, with thematic tests listed in somewhat over half the files. Rating scales were listed in less than 18% of the cases.

To provide additional information on the assessment process, the number of procedures listed on the data sheets for each child tested was tabulated to determine how many procedures were being administered. The overwhelming majority of cases listed from three to seven procedures with the most common combination including one thematic test, one drawing, one sentence completion, and interviews with the child and one adult. Only 18% of the files listed a rating scale or a standardized self report scale and in all cases the rating scale was accompanied by at least two other procedures, including projectives or interviews.

## DISCUSSION

The data suggests that projective instruments continue to be the procedures of choice in the assessment of SED children in this urban area and the surrounding suburbs. Psychologists of all levels of training and experience tended to report continued use of projective instruments in the survey, and in their case reports, they appeared to rely almost exclusively on projective data for personality assessment. In a survey, psychologists tended to identify rating scales as procedures they use for assessment of ED/BD children but those procedures were rarely listed as tests administered on data sheets of the children initially identified as ED. Of course there are other factors which may have affected the findings.

In almost 100% of the cases, the psychologist had also administered intellectual and academic tests which clearly provide information relative to the diagnosis of SED. In addition, visual motor tests including the Bender and VMI were administer to many of the children but were not included in this study unless the psychologist listed them under the personality assessment section of the data sheet. Nonetheless, these tests provide additional information regarding the child's functioning as compared to a standard.

Second, since the majority of the children referred for SED tend to be disruptive, with severe behavior problems, there may be less reason to explore that aspect of the child with a rating scale. The federal law charges the psychologists with identifying possible bizarre thoughts or moods in children, and to assess emotional problems which underly or co-exist with socially maladjusted behavior, and these factors may be most easily addressed with projective tests.

The disparity between procedures reported in the survey and procedures listed in the files is interesting and may be attributable to a number of factors. The files reviewed included only children actually given a SED placement, and these students may have represented a group of children who had clear and evident characteristics of SED and did not pose a critical diagnosistic problem. Given the prereferral intervention requirements of the federal law, these children may also represent students with whom the psychologist had extensive prior contact, either in a consultation or intervention role. Further study regarding the differences between children placed and not placed is needed in order to shed light on that issue. It is also possible that psychologists tend to depend on the projective instruments to develop their hypotheses in the early stages of the assessment and hence tend to use them with great regularity in

assessment, while using the rating scales only when the projective assessment, combined with intellectual and academic assessment, fails to yield clear information. Again, further investigation regarding the actual assessment process is needed to clarify the issue.

In summary, the data suggest that the psychologists in this school district, as well as those in the surrounding suburbs, depend overwhelming on projective devises, both in terms of their own report of tests used, and in terms of the tests listed on actual cases. Years of experience and psychological orientation do not appear to have an impact on the use of subjective tests which were universally favored. Rating scales and standardized tests were listed in the survey, but in actual cases they appeared with very low frequency. Certainly more research and training on rating scales will be valuable, but it is clear that there continues to be perceived value in the projective instruments. Further study regarding the information psychologists obtain from these instruments, and the reasons for their continued dependence on them is needed.

## REFERENCES

Clarizio, H., & Higgins, M. (1989). Assessment of severe emotional impairment: practices and problems. Psychology in the Schools, 26, 154-162.

Forness, S. R., & Kavale, K., A. (1989). Identification of diagnostic issues in special education: A status report for child psychiatrists. Child Psychiatry and Human Development, 19, 279-301.

Glavin, G. A., & Elliott, S. N. (1985). Psychological reevaluations of handicapped children: a survey of practitioners and policymakers. Professional Psychology: Research and Practice, 16, 64-75.

Goh, D., & Fuller, G. (1983). Current practices in the assessment of personality and behavior by school psychologists. School Psychology Review 12, 240-243.

Goh, D. S., Teslow, C. J., & Fuller, G. B. (1981). The practice of psychological assessment among school psychologists. Professional Psychology, 12, 696-706.

Grosenick, J. K., George, M.P., & George, N.L. (1987). A profile of school programs for the behaviorally disordered: Twenty years after Morse, Cutler, and Fink. Behavioral Disorders, 12, 159-168.

Hutton, J., Dubes, R., & Muir, S. (1992). Assessment practices of school psychologists: ten years later. School Psychology Review, 21. 271-284.

Kauffman,J., Cullinan, D., & Epstein, M. (1987). Characteristics of Students placed in special programs for the seriously emotionally disturbed. Behavioral disorders, 175-184.

Kavale, K., Forness, S., Alper, A. (1986). Research in Behavioral Disorders/emotional disturbance: A survey of subject identification criteria, Behavioral Disorders. 159-167.

Mcconaughy S., & Achenbach T. (1989). Empirically based assessment of serious emotional disturbance. Journal of School Psychology, 26. 91-117.

McGinnis, E., Kiraly, J., & Smith, C. (1984). The Types of data used in identifying public school students as behavioral disordered. Behavioral Disorders, 9. 239-246.

**Table 1**: Demographics for psychologists in the urban system

| | | | | Years of Experience | | |
|---|---|---|---|---|---|---|
| | Number | %male | %white | 1-5 years | 6-10 years | 11+ |
| Employed | 106 | 42% | 87% | 35% | 11% | 54% |
| Respondants | 94 | NA | NA | 37% | 12% | 48% |
| Analyzed | 76 | NA | NA | 33% | 12% | 52% |

**Table 2**: Demographics for the children in the study compared with children enrolled in the system and in the SED program at the elementary level

| | Total Number | Age X | Age sd | male | non-white | below poverty line |
|---|---|---|---|---|---|---|
| Elementary | 55,262 | -- | -- | 51% | 72% | 63% |
| Elementary SED | 958 | -- | -- | 83% | 77% | NA |
| Subjects | 122 | 8.8 | 1.5 | 80% | 83% | NA |

**Table 3**: Frequency table of tests as listed by urban psychologists for use in the assessment of children referred for SED, and as recorded in child files

| Assessment Instrument | % of psychologists indicating test use | % of files listing this test |
|---|---|---|
| 1. Children's Apperception test. . . . | 63.6 | 21.7 |
| 2. Thematic Apperception test. . . . . | 83.1 | 21.7 |
| 3. Rorschach . . . . . | 32.5 | 5.2 |
| 4. Sentence completion . . . . . | 94.8 | 66.1 |
| 5. House-Tree-person . . . . . | 84.4 | 76.5 |
| 6. Draw-a-Person . . . . . | 88.3 | 38.3 |
| 7. Achenbach Child Behavior checklist | 45.5 | 3.5 |
| 8. Achenbach Teacher Report Form . . . | 31.2 | 2.6 |
| 9. Personality Inventory for children. | 24.7 | 1.0 |
| 10. Roberts Apperception Test . . . . | 48.1 | 20.9 |
| 11. Piers-Harris Scale . . . . . | 24.7 | 7.8 |
| 12. Burks' Behavior Rating Scales. . . | 14.3 | 0.0 |
| 13. Conners Teacher Rating Scale . . . | 35.1 | 4.3 |
| 14. Conners Parent Rating Scale . . . | 27.3 | 1.7 |
| 15. Structured Classroom observation . | 66.2 | 23.5 |
| 16. (Psychological Interview). . . . . | 37.7 | 80.9 |
| 17. (Parent interview) . . . . . | 13.0 | 27.0 |
| 18. (Teacher interview). . . . . | 11.7 | 8.7 |
| 19. Kinetic Family Drawing . . . . . | 15.6 | 21.7 |